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BIBDATASHEET**CONFIRMATION NO. 1505**

Bib Data Sheet

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| SERIAL NUMBER 10/718,248 | FILING OR 371(c) DATE 11/20/2003 RULE | CLASS 607 | GROUP ART UNIT 3762 | ATTORNEY DOCKET NO. 31685-704.502 |
| APPLICANTS Daniel John DiLorenzo, Ft. Washington, MD; | | | | |
| ** CONTINUING DATA ***** This application is a CIP of 10/008,576 11/11/2001 PAT 6,819,956 which is a CIP of 09/340,326 06/25/1999 PAT 6,366,813 and claims benefit of 60/095,413 08/05/1998 This application 10/718,248 claims benefit of 60/427,699 11/20/2002 and claims benefit of 60/436,792 12/27/2002 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/22/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY MD | SHEETS DRAWING 38 | TOTAL CLAIMS 194 |
| INDEPENDENT CLAIMS 14 | | | | |
| ADDRESS 66854 | | | | |
| TITLE APPARATUS AND METHOD FOR CLOSED-LOOP INTRACRANIAL STIMULATION FOR OPTIMAL CONTROL OF NEUROLOGICAL DISEASE | | | | |
| FILING FEE RECEIVED 2789 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |